113562/

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average	burden
	^ · 1

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	1
	[

Name of Offering (□ check if this is an amendment and name has changed, and indic Convertible Preferred Stock Purchase Agreement	cate change.)
Filing Under (Check boxes that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Type of Filing: ☐ New Filing ☒ Amendment	Section 4(6) □ ULOE
A. BASIC IDENTIFICATION DATA	ITTI IIII EELEE IIIEN EKIT EKIT EKIT EKIT EKIT EKIT EKIT EKIT
Enter the information requested about the issuer	
Name of Issuer: (check if this is an amendment and name has changed, and indic netomat, Inc.	ate change.) 03038903
Address of Executive Offices (Number and Street, City, State, Zip Code) 307 West 38th Street, Suite 901, New York, New York 10018	Telephone Number (Including Area Code) (212) 594-1955
Address of Principal Business Operations (Number and Street, City, State, Zip Code)(if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business. Development and sale of multimedia communications software	are. PROCESSED
Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ other (ple	ase specify) THOMSON FINANCIAL
Month Year	
Actual or Estimated Date of Incorporation or Organization: [11] [00] Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrev	■ Actual □ Estimated riation for State: DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.



A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
Each promoter of the issuer, if the issuer has been organized within the past five years;
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Wisniewski, Maciej
Business or Residence Address (Number and Street, City, State, Zip Code) netomat. Inc. 307 West 38th Street. Suite 901. New York. New York 10018
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Gershenfeld, Alan
Business or Residence Address (Number and Street, City. State. Zip Code) netomat. Inc. 307 West 38th Street. Suite 901. New York, New York 10018
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer☒ Director☐ General and/or Managing Partner
Full Name (Last name first, if individual) Ramanathan, Kris
Business or Residence Address (Number and Street, City, State, Zip Code) netomat, Inc. 307 West 38th Street, Suite 901, New York, New York 10018
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Lowell. Paul
Business or Residence Address (Number and Street, City, State, Zip Code) Topspin Partners, L.P., Three Expressway Plaza, Roslyn Heights, New York 11577
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Magaro, Alex
Business or Residence Address (Number and Street, City, State, Zip Code) Topspin Partners. L.P., Three Expressway Plaza. Roslyn Heights. New York 11577
Check Box(es) that Apply: ☐ Promoter 🖾 Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Topspin Partners, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) Three Expressway Plaza, Roslyn Heights, New York 11577
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer☐ Director☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer☐ Director☐ General and/or Managing Partner
Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer☐ Director☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

				<u> </u>	B. INFO	RMATIC	ON ABOU	T OFFEI	RING				·		
1.	Has the	issuer sol	d, or does	the issuer						offering?				Yes	
••					lumn 2, it				10 111 11110 1	, , , , , , , , , , , , , , , , , , ,	•••••				X
2.					that will l				idual?					\$ <u>N/A</u>	
2	D	00			1. 6	1 240								Yes ⊠	No
 4. 		_			-	-						 ıy commissi		ш	LJ
4.	similar r	emunerati	ion for sol	icitation o	f purchase	rs in conn	ection with	n sales of s	ecurities i	n the offer	ing. If a p	erson to be	listed		
	is an ass	ociated pe	erson or ag	gent of a bi	roker or de	aler regis	tered with	the SEC a	nd/or with	a state or	states, list	t the name of	of the		
				ker or deal				———		u oroxer e		ou may set	101111		
Full N/A		ast name	first, if in	dividual)											
Busi	iness or I	Residence	Address (Number a	nd Street,	City, Stat	e, Zip Coo	le)						_	,
Nam	ne of Ass	ociated B	roker or D	ealer											
State	es in Wh	ich Persor	Listed H	as Solicite	ed or Inten	ds to Soli	cit Purcha	sers							·
(Ch	eck "All	States"	or check	individua	ıl States)	□ All	States								
•	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
			first, if in					·		_					
			-		nd Street,	City, Stat	e, Zip Coo	le)							
Nam	ne of Ass	ociated Bi	roker or D	ealer											
State	es in Wh	ich Persor	Listed H	as Solicite	ed or Inten	ds to Soli	cit Purcha	sers				•			
	(Check	"All State	s" or chec	k individu	al States).	•••••				***************************************		🗆 A	All States		
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (I	ast name	first, if in	dividual)								· 			
Bus	iness or I	Residence	Address (Number a	nd Street,	City, Stat	e, Zip Coo	le)							
Nan	ne of Ass	ociated B	roker or D	Dealer											
State	es in Wh	ich Persor	n Listed H	as Solicite	ed or Inten	ds to Soli	cit Purcha	sers							
	(Check	"All State	s" or chec	k individu	ial States).		•••••	•••••		•••••	••••	A	All States		
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already so is "none" or "zero." If the transaction is an exchange offering, check this box \Box and indicate in the colo of the securities offered for exchange and already exchanged.	old. Enter "0" if answer amns below the amounts	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ \$ <u>3,000,000</u>	\$ <u> </u>
	□ Common ⊠ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other:	\$	\$
	Total	\$3,000,000_	\$1,000,000
	Answer also in Appendix, Column 3, if filing Under ULOE.	_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this off dollar amounts of their purchases. For offerings Under Rule 504, indicate the number of persons who hand the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines.	ave purchased securities	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ <u>1,000,000</u> \$ 0
		0	
	Total (for filings Under Rule 504 only)		\$
	Answer also in Appendix, Column 4 if filing under ULOE.		
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securiti date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in securities by type listed in Part C - Question 1.	es sold by the issuer, to this offering. Classify	
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject if the amount of expenditure is not known. furnish an estimate and check the box to the left of the estimater Agent's Fees.	t to future contingencies. stimate.	S
	Printing and Engraving Costs		\$
	Legal Fees		\$75,000
	Accounting Fees		\$
	Engineering fees		<u> </u>
	Sales Commissions (Specify finder's fees separately)		\$
	Sales Collinissions (Specify finder's fees separately)	1	\$ <u>1,000</u>
	Other Expenses (identify):Miscellaneous]	
	Total]	\$76,000
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>924,000</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

to Part C - Question 4.b above.	Payments Officers Directors, Affiliate	&	Payments 7 Others
Salaries and fees	\$	_ 0	\$
Purchase of real estate	\$	_ 0	\$
Purchase, rental or leasing and installation of machinery and equipment	\$		\$
Construction or leasing of plant buildings and facilities	\$		\$
Acquisitions of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$	_ 0	\$
Repayment of indebtedness	\$	_ 0	\$
Working capital	\$	_ 🗆	\$924,000
Other (specify)	\$	_ 🗆	\$
Column Totals	\$	_ 0	\$
Total Payments Listed (column totals added)	\$	_ 0	\$924,000

Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed

5:

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. if this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Name of Signer (Print or Type)

Kris Ramanathan

Signature

November 20, 2003

Title of Signer (Print or Type)

Co-Chief Executive Officer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.252(c), (d), (of such rule?					No 🗷
	See Appendix, Column 5, for state response.					
2.	The undersigned issuer hereby undertakes to furnist CFR 239.500) at such times as required by state la		dministrator of any st	ate in which this not	ice is filed, a notice	on Form D (17
3.	The undersigned issuer hereby undertakes to furnis offerees.	sh to the state a	dministrators, upon	written request, info	rmation furnished b	y the issuer to
4.	The undersigned issuer represents that the issuer is Offering Exemption (ULOE) of the state in which that the burden of establishing that these condition	his notice is file	ed and understands th			
	issuer has read this notification and knows the conto y authorized person.	ents to be true a	and has duly caused th	nis notice to be signe	ed on its behalf by th	e undersigned
ssı	uer (Print or Type)	Signature			Date	
net	omat, Inc.	K.	0		November 20,	2003
Var	ne of Signer (Print or Type)	Title of Sigr	ner (Print or Type)			

Co-Chief Executive Officer

E. STATE SIGNATURE

Instruction:

Kris Ramanathan

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENI									
1	Intend to sell to Non- Accredited Investors in State (Part B-Item 1) Agregate Intend to sell Type of A Type of Investor and Amount Purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	Preferred Stock	2	\$30,490.67	0	.,		X
со					_				
СТ									
DE				·					
DC									
FL	•]								
GA									
ні									
ID			·						
IL		x	Preferred Stock	1	\$190,796.67	0			X
IN									
IA									
KS									
KY	1								
LA									
ME									
MD									
MA								<u> </u>	
MI				,					
MN					<u> </u>				
MS									
	1	1	1	1	1	1		1	ł

APPEN	DIX								
1	Intend to N Accre Investo Sta (Part I	on- dited ors in te 3-Item	Type of Security and Aggregate Offering Price Offered in State (Part C-Item	4 Type of Investor Amount Purchas (Part C-Item 2)	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
мо									
NH									
NJ					_				
NM									
NY	х		Preferred Stock	6	\$769,651.8	0			х
NC									
ND						,			
NV		X	Preferred Stock	1	\$9,060.91	0			x
ОН				·					-
ок									
OR									
PA									
RI									
SC									
SD						· · · · · · · · · · · · · · · · · · ·			
TN		ļ							
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